

# SLUDGE MANAGEMENT PLAN

## Cover Sheet

*Please attach to the front of the sludge management plan*

### Facility Information

a. Facility Owner

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

b. Operators

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

Contact Person

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

Authorized Representative

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone Number\_\_\_\_\_

C. Facility Location

Physical Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Map Attached \_\_\_\_\_ Yes

I, \_\_\_\_\_, a duly authorized representative for  
\_\_\_\_\_ (facility), submit this Sludge and  
Septage Management Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail the plan to:

Residuals Management Section  
Wastewater Management Division  
Department of Environmental Conservation  
103 South Main St – The Sewing Bldg  
Waterbury VT 05671-0405